

DIABETES MELLITUS

A. GENERAL CONSIDERATIONS

Diabetes mellitus is a metabolic disease characterized by impairment of the body's ability to metabolize or utilize carbohydrates, fats and proteins. The disease has a hereditary component, but onset may be related to other factors (example - viral infections).

B. ESSENTIALS OF DIAGNOSIS

1. Polyuria, polydipsia and polyphagia.
2. Itching and dry skin.
3. Weight loss in spite of increased appetite and intake.
4. Susceptibility to infections, especially the skin.
5. Fatigue and loss of strength.
6. Coma - Diabetes Mellitus may initially present this way. Diabetes Mellitus should be a part of your differential diagnosis of coma.
7. You may detect ketone breath in a patient with diabetic ketoacidosis.
8. In a patient, already treated for diabetes, hypoglycemic coma should be considered, in the differential diagnosis of coma.

C. LABORATORY TESTS

1. Urinalysis, including Clinitest tablets or Tes-Tape for urinary glucose.
2. Use the Chemstrip BG on a drop of blood. If diabetic, fasting blood glucose usually is >140 and 2 hour postprandial higher than 200 mg/dl.

D. LABORATORY FINDINGS

1. Glycosuria and ketonuria.
2. Hyperglycemia.

E. COMPLICATIONS

1. Dehydration.
2. Diabetic ketoacidosis and coma.
3. Infections.
4. Long term complications include: renal failure, skin changes, neuropathies, vascular lesions, etc..
5. Hypoglycemic episodes.

F. TREATMENT

1. Insulin therapy is not within the scope of the IDC's practice.
2. For acute dehydration, alternate infusion of LR and NS at 3-5 liters over 24 hours. If you suspect Diabetic Ketoacidosis, infuse 3 liters of NS ASAP, then 3-5 liters over 24 hours.
3. If you suspect diabetic coma, check blood glucose. If blood glucose is low, infuse ampule of D_{50} .

G. DISPOSITION

1. Contact a Medical Officer for any patient (not previously diagnosed as diabetic) with greater than 1+ on the urine test.
2. MEDEVAC any patient with new onset (or loss of control of known DM) ASAP.

NOTE: A KNOWN INSULIN DEPENDENT DIABETIC IS NOT FIT FOR DUTY AND WILL NOT BE ASSIGNED TO A SHIP OR A STATION WHERE AN IDC IS THE MEDICAL DEPARTMENT REPRESENTATIVE. A NON-INSULIN DEPENDENT DIABETIC MAY BE ASSIGNED AND COULD GO OUT OF CONTROL OR CONVERT TO INSULIN DEPENDENCY.